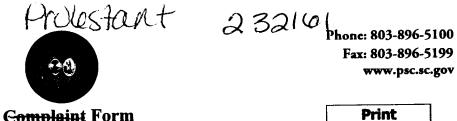
Public Service Commission of South Carolina 101 Executive Center Dr., Suite 100 Columbia, SC 29210



Fax: 803-896-5199 www.psc.sc.gov

	Complain t Form	Print	
Date: August 27,2011			
Complainant or Legal Representativ	e Information: * Required Fields		
Name * Eric Koerner			
Firm (if applicable)			
Mailing Address * 309 Cinda Leigh D	or.		
City, State Zip * Lexington	S.C. 29073 Phone * 803 - 518 - 074	42	
E-mail * fire6355@yahoo.com			
Name of Utility Involved in Complai			
	lved, please complete the attachment located at the end of this form.		
Type of Complaint (check appropriate			
Billing Error/Adjustments De Disconnection of Service Pa	eposits and Credit Establishment Wrong Rate syment Arrangements Water Quality eter Issue	Refusal to Connect Solution Line Extension Issue	ervice
Other (be specific) Rate Increase			
Have you contacted the Office of Regula	itory Staff (ORS)? * Yes No ORS Contact:		
	URS Contact.		
Concise Statement of Facts/Complai	nt: * (This section must be completed. Attach additional information higher than anyone that I have spoken to and I don't really thin	to this page if necessary	<i>(</i> .)
80 % If I ever go to sell my house, no	ater the plants , lawn or even wash my vehicles . Now you're troobody is going to want to buy it knowing that it is on Carolina wey making it without an increase in there utilities .	rater & sewer . I nave in	riends
Relief Requested: * (This section must	be completed. Attach additional information to this page if necessary	/.)	
We all need some Relief from these cadd.	outragiss charges that we're allready being charged and the inc	rease that you're trying	g to
STATE OF SOUTH CAROLINA) VERIFICATION		
COUNTY OF Lexington	_)	Internal Us	1
I, Eric Koerner	verify that I have read my complaint filed on 9/4/2011	Processed By	Date
Complainant's Name *	Date *		<u> </u>
and know the contents thereof, and that sa	aid contents are true. Complainant's Signature *	H.E.	